

Transcript request form

Southeast Community College

Transcript Request

Date: _____ Number of copies _____

Clearly PRINT your name and address:

Student's Name (Last, First, Middle)

Address

City State Zip Current Phone Number

Former Name(s) Birth Date

Social Security Number SCC ID Number

X
Signature

Send transcript to: (print clearly, transcripts will not be faxed)

Name and/or Office

Address

City State Zip

Transcripts will not be faxed.

Campuses/Years Attended:

Beatrice _____ to _____

Lincoln _____ to _____

Milford _____ to _____

- Send Transcript--2-3 working days
- Pick up--2-3 working days (Location _____)
- Send when current term grades are available

No transcript will be issued if the student has financial obligations to the College.

OFFICE USE ONLY

Transcript prepared by:

Date transcript(s) mailed:

Submit transcript request to:

Beatrice Campus: 4771 West Scott Road; Beatrice, NE 68310 Phone 402-228-3468, ext. 1404; Fax 402-228-2218
Lincoln Campus: 8800 'O' Street; Lincoln, NE 68520 Phone 402-437-2605; Fax 402-437-2402
Milford Campus: 600 State Street; Milford, NE 68405 Phone 402-761-8222; Fax 402-761-2324